OMB No. XXXX-XXX X

Exp. XX/XX/XXX X

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**NAMCS Supplement on Primary Care Policies**

**TELEPHONE SCREENER**

1. Hello, have I reached Dr. {PHYSICIAN NAME}’s office?

YES 1

NO 2 (GO TO 15)

WRONG NUMBER 3 (GO TO 15)

NO LONGER WORKS HERE 4 (GO TO 15)

DECEASED 5 (END STATEMENT 1)

RETIRED 6 (END STATEMENT 1)

NOT IN PRACTICE 7 (END STATEMENT 1)

REFUSED -8

2. This is {INTERVIEWER NAME}. I am calling on behalf of the National Center for Health Statistics regarding a study of physicians. I’d like to confirm that I have the correct office address for Dr. {PHYSICIAN’S NAME}.

[VERIFY ADDRESS AND RECORD ANY CHANGES.]

PRACTICE/CLINIC NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO BOX/SUITE/ROOM/DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -7

DON’T KNOW -8

3. Is Dr. {PHYSICIAN NAME}’s specialty {SPECIALTY}?

YES 1 (GO TO 5)

NO 2

REFUSED -7 (GO TO 5)

DON’T KNOW -8 (GO TO 5)

4. What is {his/her} specialty?

FAMILY PRACTICE/FAMILY MEDICINE 1

INTERNAL MEDICINE/GENERAL INTERNAL MEDICINE/INTERNIST 2

OTHER, SPECIFY 91 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -7

DON’T KNOW -8

5. Does this practice have a website?

YES 1

NO 2 (GO TO 7)

REFUSED -7 (GO TO 7)

DON’T KNOW -8 (GO TO 7)

6. What is the web address?

WEB ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -7

DON’T KNOW -8

7. What is the number of physicians employed at this practice, across all practice locations?

NUMBER \_\_\_\_\_\_\_\_\_

REFUSED -7

DON’T KNOW -8

8. Of the total number of physicians at this practice, how many specialize in Family Medicine?

NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -7

DON’T KNOW -8

9. How many specialize in Internal Medicine?

NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -7

DON’T KNOW -8

10. Does {PHYSICIAN’S NAME} see all {his/her} patients in a hospital?

[IF NEEDED: **All** patients or only some patients?]

YES 1

NO 2

REFUSED -7

DON’T KNOW -8

11. Does {PHYSICIAN’S NAME} see all {his/her} patients in an urgent or immediate care center?

[IF NEEDED: **All** patients or only some patients?]

YES 1

NO 2

REFUSED -7

DON’T KNOW -8

12. Does {PHYSICIAN’S NAME} see all {his/her} patients in a Federal facility such as a VA office, a military clinic, or a Public Health Service or Indian Health Service clinic?

[IF NEEDED: **All** patients or only some patients?]

YES 1

NO 2

REFUSED -7

DON’T KNOW -8

13. Does Dr. {PHYSICIAN’S NAME} see all {his/her} patients in a nursing home, rehabilitation center or correctional facility?

[IF NEEDED: **All** patients or only some patients?]

YES 1 (END STATEMENT 2)

NO 2 (END STATEMENT 2)

REFUSED -7 (END STATEMENT 2)

DON’T KNOW -8 (END STATEMENT 2)

14. Is {PHONE NUMBER} the best phone number at which to reach Dr. {PHYSICIAN’S NAME}’s office?

[VERIFY AND RECORD ANY CHANGES]

TELEPHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (END STATEMENT 2)

REFUSED -7 (END STATEMENT 2)

DON’T KNOW -8 (END STATEMENT 2)

15. I’m trying to reach the office of Dr. {PHYSICAN’S NAME} on {STREET} in {CITY, STATE}. Do you know {him/her}?

[IF NEEDED: Do you know {his/her} telephone number/address/the name of a person who might know how to reach {him/her}?]

YES 1 (FOLLOW LEADS, THEN RESTART)

NO 2 (END STATEMENT 1, THEN TO TRACING)

16. Do you have a forwarding telephone number and address for the doctor?

[IF NEEDED: Do you know the name of a person who might know how to reach {him/her}?]

YES 1 (FOLLOW LEADS, THEN RESTART)

NO 2 (END STATEMENT 1, THEN TO TRACING)

END STATEMENT 1: Thank you for your time.

END STATEMENT 2: Those are all the questions I have for you. Thank you for your help.